"as if the head would burst"; a downward pressure on the head, diffused or localized, "as if a stone or sharp stick" pressed upon it; a sense of constriction, general or cincture like; pain in various areas of the scalp; occasional feeling of numbness or of formication, also variously distributed. As these paræsthesia are increased by the sight of moving objects in a small or large space, we often meet with conditions like those termed agoraphobia and claustrophobia.

He further states that "the above mentioned symptoms, variously grouped and sometimes combined with others, have been appropriated by the advocates of a fanciful vaso-motor pathology," being termed "*cerebral hyperæmia*" (Hammond) and "*congestion of the base of the brain*" (Brown-Séquard). He does not recognize these so-called "diseases" but has always spoken of these symptoms as *cephalic paræsthesia*, awaiting the time when experience might lead to their more correct interpretation.

In the treatment of all such cases he recommends that, apart from the adaptation of proper glasses and prisms, in some the use of partial tenotomy, or myotomy, which are all of the utmost importance. The internal use of nux vomica, strychnine, and nerve tonics generally in cases of category A, and of cannabis indica, belladonna, atropine, conium, the bromides, antipyrine, etc., for cases of category B. In cases of both categories, rest, much more complete than is usually prescribed (even ocular rest by prolonged atropinization) and a general treatment, are necessary. W. M. L.

PSYCHOLOGICAL.

On the Knee-Jerks and Peripheral Neuritis in Diabetes.—R. T. Williamson, M. D. (London) M. R. C. P., (Medical Chronicle, Nov. 1892). According to the author's observations the knee-jerks in diabetes are absent in fifty per cent. of the cases. There is great variability of the reflex; thus a knee-jerk which has disappeared may return again and vary much in the course of time. The condition is influenced by age, the knee-jerks being lost in a greater proportion of cases under the age of thirty than in cases over thirty. In relation to general nutrition they appear to be more frequently absent in markedly wasted patients than in the well nourished. The loss of tendon reflex cannot be regarded as evidence of the nervous origin of the disease in any particular case, but must be looked upon simply as a complication. In a case of diabetes with gross lesion of the nervous system, the knee-jerks were present. Symptoms of neuritis are present more frequently in patients whose knee-jerks are absent, than in those whose knee-jerks are present. The positive pathological evidence explains the loss of knee-jerks in some cases, still in other cases, the clinical facts support the view of a toxic functional cause. Many things influence the course of diabetes, and it is difficult to come to a definite conclusion regarding the prognostic value of a single symptom. Still the author's statistics point to the absence of knee-jerks as a sign rendering the prognosis decidedly more unfavorable. The proportion of cases of diabetes that suffer from marked symptoms of peripheral neuritis is very small, but those presenting slight symtoms are common. The facts seem to indicate that the neuritis is not due directly to the presence of an excess of sugar in the blood. The changes in the nerves are probably due to the poverty of the tissue in water, the general disturbance of nutrition, acetone, or some unknown chemical substance in the blood. A. F.

ANATOMICAL.

On Disturbances on Hearing in Cerebro Spinal Meningitis, and their Anatomical Basis. —In the Zeitschrift f. Klin. med. Bd. xviii. Schwabach reports the case of a woman 32 years of age, who, as a result of cerebro spinal meningitis, became completely deaf in the right ear for all sounds. There was also pronounced deafness on the left side. In the left ear she could only distinguish the higher notes of the tuning fork such as C. II and C. IV.

The microscopical examination revealed: a turgid filling of the vessels in the course of the auditory nerve, and in all portions of the labarynth; purulent infiltration of the dural sheath of the auditory nerve; abundant extravation between the partly preserved mesial fibres and extensive destruction in its peripheral portion, especially before its entrance in the central stem of the bony cochlea (right, more than left). In addition to the bilateral inflammation of the labarynth, there was fibrinous purulent inflammation of the right tympanic cavity, while upon the left side it was in a state of complete preserva-